Four Seasons (Bamford) Limited

The Old Vicarage

Inspection report

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Date of inspection visit:
19 June 2018

Date of publication:
14 September 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Old Vicarage accommodates 38 people in one adapted building. At the time of the inspection there were 36 living at The Old Vicarage.

The service had a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection carried out in December 2017 we found two breaches of regulations. Following the inspection the provider sent us an action plan telling us how they would address the breaches. At this inspection we found the actions taken had addressed the breaches and there were no new breaches.

We found systems and processes in place to keep people safe. These included ensuring risk assessments had been carried out to mitigate risk. Medicines were stored and administered as prescribed. Accidents and incidents were recorded and investigated and where possible actions were taken to ensure people's safety. Staff were aware of their duty of care to protect people from abuse and were trained to recognise the signs of abuse. Risk of infection was mitigated as the provider had systems in place to ensure the premises were clean and fresh and staff had access to protective clothing.

There was sufficient numbers of appropriately recruited and trained staff to meet people's needs and wishes. People had a pre-admission assessment to ensure the service could meet their needs. A care plan detailing their needs was drawn up and reviewed with the person or their relative where possible. This was done on a regular basis. The care plan gave staff clear directions on how to care for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.'

People's nutrition was promoted by ensuring fresh nutritious food was available and by referring people who had difficulty in eating to the appropriate health care professions.

People's physical and mental health was promoted by working closely with health and social care professionals.

Care was delivered by staff who were caring, kind and compassionate. Independence was promoted and people had a variety of ways of making their needs and wishes known to the manager and staff. This included regular meetings.

Care was personalised and responsive to individual needs and wishes. There was a complaints process in place and people knew how to use it. The service received many complements on the service they offered.

The service was well led. The registered manager had a quality monitoring system in place. Aspects of the service such as risk to people, administering medicines and staff training were regularly reviewed. People told us the registered manager was approachable and easy to talk to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from avoidable risks. Medicines were administered as prescribed. There was enough staff to keep people safe and to meet their needs. Infection control processes were in place and were effective.

Is the service effective?

Good

The service was effective.

People's needs were assessed and met. Staff were trained to meet people's identified needs. People's rights under the MCA were respected. People were supported to eat nutritious meals. People's physical and mental health was supported.

Is the service caring?

Good

The service was caring.

People were supported to live in a caring environment where their dignity, privacy and independence was supported. Decisions on people's health and welfare were made with them or their representative.

Is the service responsive?

Good

The service was responsive.

People's needs were met in a manner that promoted their individuality. People had the opportunity to take part in activities that suited them. There was a complaints process in place and the service received many complements.

Is the service well-led?

Good

The service was well led.

There was a quality assessment process in place to ensure the service offered to people was reviewed on a regular basis. Staff felt supported and people said the manager was approachable. People and their relatives were regularly involved in the running

of the service. There were systems in place to ensure lessons were learned from incidents and accidents.

The Old Vicarage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive, unannounced inspection, which took place on 19 June 2018. The inspection team consisted of three inspectors (one observing), one specialist advisor in nursing care and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We also looked at all the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

We spoke with seven people who lived at the service, three relatives and a visiting social care professional; and we observed staff interaction with people. We spoke with the regional manager, one nurse and three care staff and domestic staff. We looked at three people's care records and other records relating to how the service was managed. This included medicines records, meeting minutes and checks of the quality and safety of people's care. We did this to gain people's views about their care and to check that standards of care were being met.

Good

Is the service safe?

Our findings

At the inspection visits carried out in December 2017 we found a breach of Regulation 12 (Safe care and treatment) and Regulation 13 (Safeguarding service users from abuse and improper treatment) of HSCA RA Regulations 2014.

At this inspection visit we found these breaches had been met and people were kept safe. People told us and we observed this. Staff were aware of their duty of care to keep people safe and were aware of what to do should they be aware of the signs of abuse. They told us they were encouraged to report any area of care they were unhappy with. All the staff we spoke with knew how to escalate their concerns. They also told us they would follow through on any concerns they had to ensure people were safe.

There were risk assessments on all areas of care and individual risk assessments were carried out to ensure risk was identified and where possible mitigated.. We saw these were current and represented the risk to people. For example we saw risk assessments on how to assist people to move safely and how to eat safely. The registered manger was aware of the risk of falls to people. Falls were reviewed and where possible measures put in place to mitigate risk. People who were at risk of falls were referred to falls clinics and had their mobility aids and if necessary their medicines reviewed. The registered manager reviewed risk by looking at the time of day the fall occurred and if the person was at a higher risks at night. We saw risk reduction actions were in place such as alert mats. A person told us, "If I've had an accident in bed, they use the hoist to give me a bed bath. I feel safe when they do it,staff put a pillow by the straps to stop them rubbing against me."

The registered manager ensured lessons were learned and reflected on where improvements were needed. Accidents and incidents were reviewed with a view to prevent, where possible, them happening again. The incidents were also reviewed by the area manager to identity trends and to act in the best interest of people

There was sufficient staff to meet people's identified needs and to keep them safe. People told us they did not have to wait too long for their needs to be responded to. Staffing levels were drawn up to meet people's identified needs, such as should they need two staff to assist them to move safely. This was reviewed regularly. Staff we spoke with confirmed there was enough staff to care for people in a timely manner.

One person said, "I have a button in my room. I just call them. I don't have to wait. They come quick." Another person who had a call bell attached to their top clothing said, "I press it if I need help and staff come, sometimes you have to be patient, particularly in the morning when they are trying to deal with everyone at once."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process.

People received their medicines as prescribed. We saw staff gave people their medicines in a manner that allowed them to take them at their own pace. Staff were encouraging and told people what their medicines were for. Three months medicine records were reviewed and were in order and had no gaps in signatures, which showed the medicines had been given at the appropriate time. We crossed referenced the records with the medicines on site and we found they balanced.

Some people had been prescribed medicines to be taken 'as required' to help to manage pain or acute health conditions. We saw that there was very clear guidance in place for staff to understand when this should be given and how people may show they were in pain if they were unable to tell the staff. All medicines were kept securely in a locked cupboard in a locked office to ensure that they were not accessible to unauthorised people.

The service was clean and there were systems in place to prohibit the spread of infection. People were satisfied with the standard of cleanliness in the home. We saw staff wore gloves and aprons where this was needed. There were sufficient facilities to ensure staff had the opportunity to wash their hands before delivering personal care. There was a cleaning schedule in place. This included ensuring all areas of the service were cleaned regularly. The schedule included identifying areas of the service for a daily, weekly and monthly clean. These schedules were signed off by the registered manager each week who checked the service was hygienically clean and fresh.

Good

Is the service effective?

Our findings

People were cared for by sufficient numbers of trained staff who knew their needs. People we spoke with conformed this and said felt staff knew them very well and were trained to meet their needs and wishes. One person said, "I feel staff know me. I wouldn't change anything, everything seems okay."

Care plans contained a comprehensive needs assessment, this included a pre- admission assessment to ensure the service could meet people's needs and wishes. We saw evidence people were included in drawing up care plans. This ensured the plans represented people's needs and their wishes were known to staff. We saw care plans were regularly reviewed and evaluated and people's involvement in this process was clearly recorded. Individual plans also incorporated advice, guidance and recommendations from other health and social care professionals involved in people's care and treatment. This meant people received consistent, coordinated care and support.

Staff told us they felt valued and supported by the manager and confirmed they received effective training and regular supervision. They said supervision, confidential one to one meetings with their line manager, gave them the opportunity to discuss any concerns or issues they had in relation to people's care and welfare and to identify any specific training they needed.

One member of staff told us, "Supervision is good and we can do all the training we want to do." Individual training records showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. We saw the registered manager kept training updated to ensure best practice was followed. Our review of records and our observations supported this. This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

People spoke positively about the quality and choice of the food provided and said portions were generous and there was always an alternative option available. One person told us, "I like the food here and I look forward to my meals." Another person said, "They [staff] ask what you want and there's always plenty of it." Another person said, "I've only had a pudding today. They encourage me to have more, but I just have what I want." Another person said, "If you want a snack or a drink, just knock on the kitchen door and they'll get it for you, they feed you plenty here." We saw the cook asking people which option they wanted for lunch and they ensured staff knew the options were available. This included a bacon sandwich which we saw one person enjoy.

We observed lunch being served and saw people were able to sit where they wished. Staff provided discreet support to people, as required. The food looked appetising, well cooked and was nicely presented on people's plates. This demonstrated people were supported to have sufficient to eat and drink.

People's physical and mental health was promoted. There were effective links with health and social care services and people had access to appropriate health professionals, as necessary. Relatives we spoke with told of the staff, "They talked to me last week because [relative] had been a bit aggressive which is

completely out of character. They wondered if it was dementia. [Relative] is back to their normal self now, but the staff are still going to follow through with a new assessment for them. I feel they did everything they should at the time and are following it through"

In addition to GPs and district nurses, an optician, chiropodist and hairdresser visited the home. This ensured people had optimum physical and mental health.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights under the MCA were protected as the Act had been applied to ensure decisions were made in people's best interests. People's care files contained information about whether they had the capacity to make their own decisions. Staff had training in the MCA and consequently had up to date knowledge of the MCA and how DoLS was used to ensure people rights were protected. No one was being deprived of their liberty without the necessary application to the local authority having been made. This demonstrated the service was working within the principles of the MCA and DoLS.

Good

Is the service caring?

Our findings

People were cared for by staff who were caring and supported their dignity and independence. We were told, "It's a good place to live, all the staff are nice, they always talk to me nicely."

Throughout the day we observed staff speaking to people in a polite and respectful manner, using people's names and including humour with some people. Staff did not appear rushed in any of the interactions.

We saw individual care plans contained details regarding people's communication needs, their personal history, interests, likes and dislikes. This helped ensure staff were aware of people's individual needs and personal preferences and meant they supported people in a structured and consistent manner, in the way they liked to be cared for.

People told us that staff respected their privacy and dignity. A person told us, "When the girls get me up, they ask me what clothes I want to wear, they are always respectful to me."

Throughout the day we saw staff demonstrated respectful, compassionate care. For example, staff told us and we observed they always knocked on bedroom and bathroom doors to check if they could enter. This was also confirmed by people and their relatives we spoke with. This demonstrated people were treated with respect and the care and support they received promoted their privacy and dignity.

People and their relatives spoke positively about the caring environment and the kind and compassionate nature of all staff. One person told us, "The staff here are all very nice, kindness is their middle name." Another person said, "They are all very kind and it's a good place to live, everyone gets along." A relative told us, "I come regularly and all of the staff are exceptional, all wonderful, I am very happy with how staff interact with [relative]."

People were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care. Throughout the day we observed many examples of friendly, caring and good-natured interaction between staff and the people they supported.

Good

Is the service responsive?

Our findings

People received care that was personalised from staff who were knowledgeable about their assessed care needs. One person told us, "We go to the pub once a week." Another said, "[Staff member] does activities in the resident's sitting room, playing cards and quizzes, you can join in if you want to. I like them and join in."

Staff we spoke with demonstrated an awareness of people's interests and preferences, their personal life histories and what was important to them. Before moving to the service, the registered manager carried out a comprehensive assessment to establish a person's individual care and support needs to help ensure any such needs could be met in a structured and consistent manner.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. Care plans reflected individual needs and identified preferences. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This demonstrated the service was responsive to people's individual care and support needs.
People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions that were important to them.

A relative told us "If [staff member] is here, there are always activities on. My only comment is that they don't get out much. In past years they have not been anywhere." Another relative confirmed people were consulted on the activities they wanted to do they said, "If people tell [staff member] ideas, they will follow through. [Staff member] may not think of them their self, but will try and make it happen if they can."

We saw people were active and included in activities for example we saw a high number people playing a quiz game in the upstairs lounge. All appeared to be joining in and enjoying it. Interaction appeared supportive and fun. We saw one person had a trophy for winning the quiz and appeared pleased with this achievement. Other people were involved in quieter activities, we saw two people knitting and a box of wool and knitting needles available to them. One person said of the knitting, "It's good to do something useful, we are knitting squares for homeless people. Isn't it the best thing to be able to give?"

The registered manager used a variety of ways to capture people's views to ensure the service was meeting people's needs and wishes. There were residents' meetings and relatives' meetings. Topics discussed at meetings included domestic issues, laundry, menu planning, how people relate to care staff and the managers, activities and visiting health care professionals such as opticians.

Relatives meetings included topics such as the position of Four Seasons and the financial stability of the company and new admissions to the home and fee increases.

Care plans we looked at were personalised to reflect people's wishes, preferences and what was important to them. They contained details of their personal histories and interests and guidelines for staff regarding how they wanted their personal care and support provided. We saw people's individual care plans

documented where they, or a relative, had been involved in the development and reviewing process. This helped ensure people's identified care and support needs were met in a structured and consistent manner that reflected their choices and preferences.

At the time of the inspection there was no one with diverse needs using the service. However, the registered manager and staff were aware of the diverse issues in the community and were clear people's personal needs and wishes would be met.

Each care plan we looked at had been developed from the assessment of the person's identified needs. We also saw evidence of plans being reviewed and updated to reflect an individual's changing needs. We saw the care plans reflected people's needs and wishes.
The provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure people with a disability or sensory loss are given information in a way they can understand. We saw people were encouraged to communicate in ways which suited them.

The provider had systems in place for handling and managing complaints. Details of how to make a complaint was available to all people. People and their relatives we spoke with knew how to make a complaint and who to speak with if they had any concerns. All felt confident they would be listened to and their concerns taken seriously and acted upon. Records confirmed that complaints were investigated and responded to appropriately. This demonstrated the service was responsive and people's comments and complaints were monitored and, where necessary, acted upon.

The service had many complements from relatives of people who used the service.

Good

Is the service well-led?

Our findings

At our inspection in December 2017 we found that the provider had not always taken action to ensure the safety of people. This was a breach of regulations 12 and 13 of Health and Social Care Act Regulations 2014. Following our inspection the provider wrote to us and told us they would ensure that they would implement all of the changes needed. At this inspection visit we found the breaches in Regulation had been addressed.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was managed in the best interests of people who used the service. Staff were aware of their roles and responsibilities, they felt the leadership was effective and spoke positively about the registered manager, who they described as approachable and very supportive.

The registered manager understood when notifications were required to be submitted to the CQC. Records showed they had submitted notifications in areas such as , when a person had sustained a serious injury. Notifications are changes, events or incidents that providers must tell us about. However, we found allegations of abuse had been made in a letter of complaint and the registered manager, had at the time, not submitted a statutory notification as required. We requested the registered manager submit a statutory notification for the allegations of abuse and this was later submitted.

People and their relatives spoke positively about the registered manager and felt the service was well-led. A person said, "It's a lovely place. I knew after a couple of weeks it was the best place. It's my home now." One relative told us, "It has a lovely atmosphere here, it's about the people."

Staff were included in how information was captured to ensure good, relevant and effective care was offered to people. This was done through staff meetings, including clinical governance meetings. Staff meetings were held regularly and the registered manager ensured staff were aware of their performance through a supervision process. Staff were reminded of the service's policies and procedures through an initiative where a different policy was discussed each month. The most recent policies to be reviewed were 'medicines' in June and 'infection control' in July.

Staff also described the open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns they might have to the registered manager. They felt confident that any such issues would be listened to and acted upon appropriately. One member of staff said communication was very good and they told us, "The manager makes sure we know all we need to know about people's needs."

The provider has a quality assurance process in place. This was carried out locally by the registered manager and was monitored by the area manager. The areas covered included a review of care plans, risk

assessments and the management and administration of medicines. Care was taken to review accidents and incidents to ensure where possible people were protected from avoidable falls. This demonstrated a commitment by the registered provider to help ensure learning from current performance, through robust monitoring systems, to help drive improvement in service provision.

We found that the service worked in partnership with other agencies to enable people to receive 'joined-up' care. They ensured that they shared information with other agencies to support people's joined up care when people moved between services.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home.